PTO/SB/21 (09-06)
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TI	RANSMITT	AL	Filing Date		December 13, 2000
	FORM		First Named Inve	entor	Seth Haberman
			Art Unit		2611
(to be use	ed for all correspondence after	· initial filing)	Examiner Name		H. V. Tran
Total Number	r of Pages in This Submiss	sion 17	Attorney Docket	Number	2000522.00123US2
	EN	ICLOSURES	(Check all tha	t apply)	
X Fee Transr	nittal Form .	Drawing(s)			After Allowance Communication to TC
Fee /	Attached	Licensing-rel	ated Papers		Appeal Communication to Board of
X Amendmer	nt/Reply	Petition			Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Repty Brief)
After	Final	Petition to Co			Proprietary Information
Affida	avits/declaration(s)	Provisional A Power of Atto	rney, Revocation		Status Letter
X Extension	of Time Request	Terminal Dis	orrespondence Addr claimer	-	X Other Enclosure(s) (please
	pandonment Request	Request for		_	A Identify below): Return Receipt Postcard
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	Disclosure Statement	CD, Number	of CD(s)	_	
Certified Control Document(opy of Priority s)	Landso	cape Table on CD		
Reply to M Incomplete	issing Parts/ Application	Remarks		-	
	y to Missing Parts under FR 1.52 or 1.53				
	SIGNAT	URE OF APPLICA	ANT, ATTORNE	Y, OR A	GENT
Firm Name	WILMER CUTLER	PICKERING HA	LE AND DORR	RLLP	
Signature	Dulsak	(n		-	
Printed name	Philip R. Poh				
Date	January 3, 2007		Reg	g. No.	51,176

Express Mail Label No. EV 901257395 US	Dated: January 3, 2007			



PTO/SB/17 (07-06)
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FEE TRANSMITTAL FOR FY 2006 Substituting Small entity status. See 37 CFR 1.27 Art Unit 2611
For FY 2006 Saminer Name H. V. Tran
Examiner Name H. V. Tran
X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2611
TOTAL AMOUNT OF PAYMENT (\$) 510.00 Attorney Docket No. 2000522.00123US2 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cuttler Pickering Hale and Dorr LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Small Entity Fee (\$) Small Entity Fee (\$)
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Deposit Account Number: 08-0219 Deposit Account Name: Willmer Cutler Pickering Hale and Dorr LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fe
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Deposit Account Number: Q8-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP
Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpay X Credit any overpayments X Credit any overpayment
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FILING FEES Small Entity Fee (\$) Fee (
Application Type Fee (\$) Small Entity Fee (\$)
Color
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180
2. EXCESS CLAIM FEESSmall Entity Fee (\$)Fee DescriptionFee (\$)Each claim over 20 (including Reissues)50Each independent claim over 3 (including Reissues)200Multiple dependent claims360
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Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims 50 25 200 100 180
Each independent claim over 3 (including Reissues) Multiple dependent claims 200 100 180
Multiple dependent claims 360 180
= x = Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims
HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 shorts or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 27 CFR 1.16(c)
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = /50 (round up to a whole number) x =
4. OTHER FEE(S) Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00
SUBMITTED BY
Signature Registration No. (Attorney/Agent) 51,176 Telephone (212) 230-8800
Name (Print/Type) Philip R. Pob Date January 3, 2007

Express Mail Label No. EV 901257395 US Dated: January 3, 2007